

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

ALAMEDA COUNTY TREASURER  
1221 OAK ST

OAKLAND, CA 94612

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 9,436,900.00

**Gross Claim \$9,436,900.00**

**Net Claim / Payment Amount \$9,436,900.00**

**YTD Amount: \$18,873,800.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE, CA 96120

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 3,800.00

**Gross Claim \$3,800.00**

**Net Claim / Payment Amount \$3,800.00**

**YTD Amount: \$7,600.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

AMADOR COUNTY TREASURER  
810 COURT ST

JACKSON, CA 95642

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 20,100.00

**Gross Claim \$20,100.00**

**Net Claim / Payment Amount \$20,100.00**

**YTD Amount: \$40,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE, CA 95965

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 1,599,200.00

**Gross Claim \$1,599,200.00**

**Net Claim / Payment Amount \$1,599,200.00**

**YTD Amount: \$3,198,400.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS, CA 95249

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 53,300.00

**Gross Claim** **\$53,300.00**

**Net Claim / Payment Amount** **\$53,300.00**

**YTD Amount:** **\$106,600.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**COLUSA COUNTY TREASURER**  
546 JAY ST

COLUSA, CA 95932

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 215,100.00

**Gross Claim \$215,100.00**

**Net Claim / Payment Amount \$215,100.00**

**YTD Amount: \$430,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

CONTRA COSTA COUNTY TREASURER  
625 COURT ST RM 102

MARTINEZ, CA 94553

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 3,100,700.00

**Gross Claim \$3,100,700.00**

**Net Claim / Payment Amount \$3,100,700.00**

**YTD Amount: \$6,201,400.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

DEL NORTE COUNTY TREASURER  
981 H ST STE 150

CRESCENT CITY, CA 95531

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 60,700.00

**Gross Claim \$60,700.00**

**Net Claim / Payment Amount \$60,700.00**

**YTD Amount: \$121,400.00**

For assistance, please call: Linda Brida at (916) 324-8605



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

EL DORADO COUNTY TREASURER  
360 FAIR LN

PLACERVILLE, CA 95667

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 576,800.00

**Gross Claim \$576,800.00**

**Net Claim / Payment Amount \$576,800.00**

**YTD Amount: \$1,153,600.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

FRESNO COUNTY TREASURER  
PO BOX 1406

SACRAMENTO, CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 3,196,100.00

**Gross Claim \$3,196,100.00**

**Net Claim / Payment Amount \$3,196,100.00**

**YTD Amount: \$6,392,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

GLENN COUNTY TREASURER  
PO BOX 151

WILLOWS, CA 95988

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 199,100.00

**Gross Claim \$199,100.00**

**Net Claim / Payment Amount \$199,100.00**

**YTD Amount: \$398,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**HUMBOLDT COUNTY TREASURER**  
825 FIFTH ST RM 125

EUREKA, CA 95501

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 980,200.00

**Gross Claim \$980,200.00**

**Net Claim / Payment Amount \$980,200.00**

**YTD Amount: \$1,960,400.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

IMPERIAL COUNTY TREASURER  
940 WEST MAIN ST

EL CENTRO, CA 92243 2863

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 1,090,900.00

**Gross Claim \$1,090,900.00**

**Net Claim / Payment Amount \$1,090,900.00**

**YTD Amount: \$2,181,800.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

INYO COUNTY TREASURER  
PO BOX 0

INDEPENDENCE, CA 93526

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 71,500.00

**Gross Claim \$71,500.00**

**Net Claim / Payment Amount \$71,500.00**

**YTD Amount: \$143,000.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

KERN COUNTY TREASURER  
PO BOX 981240

SACRAMENTO, CA 95798 1240

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 2,600,000.00

**Gross Claim \$2,600,000.00**

**Net Claim / Payment Amount \$2,600,000.00**

**YTD Amount: \$5,200,000.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

KINGS COUNTY TREASURER  
PO BOX 1406

SACRAMENTO, CA 95812 1406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 180,900.00

**Gross Claim \$180,900.00**

**Net Claim / Payment Amount \$180,900.00**

**YTD Amount: \$361,800.00**

For assistance, please call: Linda Brida at (916) 324-8605



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT, CA 95453

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 150,100.00

**Gross Claim \$150,100.00**

**Net Claim / Payment Amount \$150,100.00**

**YTD Amount: \$300,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

LASSEN COUNTY TREASURER  
COUNTY COURTHOUSE RM 103

SUSANVILLE, CA 96130

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 118,100.00

**Gross Claim \$118,100.00**

**Net Claim / Payment Amount \$118,100.00**

**YTD Amount: \$236,200.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

LOS ANGELES COUNTY TREASURER  
PO BOX 1859

SACRAMENTO, CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 59,945,800.00

**Gross Claim \$59,945,800.00**

**Net Claim / Payment Amount \$59,945,800.00**

**YTD Amount: \$119,891,600.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**MADERA COUNTY TREASURER**  
C/O BANK OF AMERICA  
PO BOX 1859  
SACRAMENTO, CA 95812 1859

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 282,900.00

**Gross Claim** **\$282,900.00**

**Net Claim / Payment Amount** **\$282,900.00**

**YTD Amount:** **\$565,800.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER

SAN RAFAEL, CA 94913

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 372,900.00

**Gross Claim \$372,900.00**

**Net Claim / Payment Amount \$372,900.00**

**YTD Amount: \$745,800.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

MARIPOSA COUNTY TREASURER  
PO BOX 36

MARIPOSA, CA 95338

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 103,300.00

**Gross Claim \$103,300.00**

**Net Claim / Payment Amount \$103,300.00**

**YTD Amount: \$206,600.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**MENDOCINO COUNTY TREASURER**  
501 LOW GAP RD 1060

UKIAH, CA 95482

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 1,159,100.00

**Gross Claim** **\$1,159,100.00**

**Net Claim / Payment Amount** **\$1,159,100.00**

**YTD Amount:** **\$2,318,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

MERCED COUNTY TREASURER  
PO BOX 981311

WEST SACRAMENTO, CA 95798 1311

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 492,400.00

**Gross Claim \$492,400.00**

**Net Claim / Payment Amount \$492,400.00**

**YTD Amount: \$984,800.00**

For assistance, please call: Linda Brida at (916) 324-8605



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS, CA 96101

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 14,100.00

**Gross Claim** **\$14,100.00**

**Net Claim / Payment Amount** **\$14,100.00**

**YTD Amount:** **\$28,200.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

MONO COUNTY TREASURER  
PO BOX 495

BRIDGEPORT, CA 93517

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 6,900.00

**Gross Claim \$6,900.00**

**Net Claim / Payment Amount \$6,900.00**

**YTD Amount: \$13,800.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

MONTEREY COUNTY TREASURER  
PO BOX 1406

SACRAMENTO, CA 95812 1406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 2,832,900.00

**Gross Claim \$2,832,900.00**

**Net Claim / Payment Amount \$2,832,900.00**

**YTD Amount: \$5,665,800.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**NAPA COUNTY TREASURER**

1195 THIRD ST RM 108

NAPA, CA 94559 3035

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 561,900.00

**Gross Claim \$561,900.00**

**Net Claim / Payment Amount \$561,900.00**

**YTD Amount: \$1,123,800.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

NEVADA COUNTY TREASURER  
PO BOX 128

NEVADA CITY, CA 95959

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 613,000.00

**Gross Claim \$613,000.00**

**Net Claim / Payment Amount \$613,000.00**

**YTD Amount: \$1,226,000.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

ORANGE COUNTY TREASURER  
PO BOX 981024

WEST SACRAMENTO, CA 95798 1024

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 4,901,600.00

**Gross Claim \$4,901,600.00**

**Net Claim / Payment Amount \$4,901,600.00**

**YTD Amount: \$9,803,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**PLACER COUNTY TREASURER**

2976 Richardson Dr.

Auburn, CA 95603

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 374,600.00

**Gross Claim \$374,600.00**

**Net Claim / Payment Amount \$374,600.00**

**YTD Amount: \$747,500.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

PLUMAS COUNTY TREASURER  
PO BOX 176

QUINCY, CA 95971

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 63,900.00

**Gross Claim \$63,900.00**

**Net Claim / Payment Amount \$63,900.00**

**YTD Amount: \$127,800.00**

For assistance, please call: Linda Brida at (916) 324-8605



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**RIVERSIDE COUNTY TREASURER**  
C/O UNION BANK OF CA ST GOV  
PO BOX 4035  
SACRAMENTO, CA 95812 4035

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 3,449,600.00

**Gross Claim** **\$3,449,600.00**

**Net Claim / Payment Amount** **\$3,449,600.00**

**YTD Amount:** **\$6,899,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SACRAMENTO COUNTY TREASURER  
PO BOX 980264

WEST SACRAMENTO, CA 95798 0264

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 6,808,500.00

**Gross Claim \$6,808,500.00**

**Net Claim / Payment Amount \$6,808,500.00**

**YTD Amount: \$13,617,000.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**SAN BENITO COUNTY TREASURER**  
COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER, CA 95023

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 74,800.00

**Gross Claim** **\$74,800.00**

**Net Claim / Payment Amount** **\$74,800.00**

**YTD Amount:** **\$149,600.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SAN BERNARDINO CO TREASURER  
PO BOX 1859

SACRAMENTO, CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 5,295,500.00

**Gross Claim \$5,295,500.00**

**Net Claim / Payment Amount \$5,295,500.00**

**YTD Amount: \$10,591,000.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SAN DIEGO COUNTY TREASURER  
PO BOX 2920

SACRAMENTO, CA 95812 2920

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 6,205,800.00

**Gross Claim \$6,205,800.00**

**Net Claim / Payment Amount \$6,205,800.00**

**YTD Amount: \$12,411,600.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SAN FRANCISCO COUNTY TREASURER  
PO BOX 2920

SACRAMENTO, CA 95814 2920

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 2,946,400.00

**Gross Claim \$2,946,400.00**

**Net Claim / Payment Amount \$2,946,400.00**

**YTD Amount: \$5,892,800.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**SAN JOAQUIN COUNTY TREASURER**  
PO BOX 981355

WEST SACRAMENTO, CA 95798 1355

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 1,013,900.00

**Gross Claim** **\$1,013,900.00**

**Net Claim / Payment Amount** **\$1,013,900.00**

**YTD Amount:** **\$2,027,800.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SAN LUIS OBISPO COUNTY TREASURER  
PO BOX 1149

SAN LUIS OBISPO, CA 93406

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 1,441,100.00

**Gross Claim \$1,441,100.00**

**Net Claim / Payment Amount \$1,441,100.00**

**YTD Amount: \$2,882,200.00**

For assistance, please call: Linda Brida at (916) 324-8605



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**SAN MATEO COUNTY TREASURER**  
C/O UNION BANK ST GOVT DEPT  
PO BOX 4035  
Sacramento, CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 1,089,800.00

**Gross Claim** **\$1,089,800.00**

**Net Claim / Payment Amount** **\$1,089,800.00**

**YTD Amount:** **\$2,179,600.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SANTA BARBARA COUNTY TREASURER  
PO BOX 579

SANTA BARBARA, CA 93102

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 1,491,800.00

**Gross Claim \$1,491,800.00**

**Net Claim / Payment Amount \$1,491,800.00**

**YTD Amount: \$2,983,600.00**

For assistance, please call: Linda Brida at (916) 324-8605

Remittance Advice - EFT

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SANTA CLARA CO TREASURER  
PO BOX 1406

SACRAMENTO, CA 95812

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 6,926,100.00

**Gross Claim \$6,926,100.00**

**Net Claim / Payment Amount \$6,926,100.00**

**YTD Amount: \$13,852,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SANTA CRUZ COUNTY TREASURER  
PO BOX 1817

SANTA CRUZ, CA 95061

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 1,642,600.00

**Gross Claim \$1,642,600.00**

**Net Claim / Payment Amount \$1,642,600.00**

**YTD Amount: \$3,285,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

Remittance Advice - EFT

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SHASTA COUNTY TREASURER  
PO BOX 1859

SACRAMENTO, CA 95812 1859

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation	672,900.00
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Gross Claim	\$672,900.00
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Net Claim / Payment Amount	\$672,900.00
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YTD Amount:	\$1,345,800.00
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**SISKIYOU COUNTY TREASURER**  
311 FOURTH ST RM 104

YREKA, CA 96097

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 459,100.00

**Gross Claim** **\$459,100.00**

**Net Claim / Payment Amount** **\$459,100.00**

**YTD Amount:** **\$918,200.00**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**SOLANO COUNTY T TC**  
675 TEXAS ST STE 1900

FAIRFIELD, CA 94533 6337

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 1,912,900.00

**Gross Claim \$1,912,900.00**

**Net Claim / Payment Amount \$1,912,900.00**

**YTD Amount: \$3,825,800.00**

For assistance, please call: Linda Brida at (916) 324-8605

Remittance Advice - EFT

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SONOMA COUNTY TREASURER  
PO BOX 1204

SACRAMENTO, CA 95812 1204

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 926,600.00

**Gross Claim \$926,600.00**

**Net Claim / Payment Amount \$926,600.00**

**YTD Amount: \$1,853,200.00**

For assistance, please call: Linda Brida at (916) 324-8605



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

STANISLAUS COUNTY TREASURER  
PO BOX 3052

MODESTO, CA 95353 3052

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 1,380,600.00

**Gross Claim \$1,380,600.00**

**Net Claim / Payment Amount \$1,380,600.00**

**YTD Amount: \$2,761,200.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

SUTTER COUNTY TREASURER  
PO BOX 546

YUBA CITY, CA 95992

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 840,400.00

**Gross Claim \$840,400.00**

**Net Claim / Payment Amount \$840,400.00**

**YTD Amount: \$1,680,800.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

TEHAMA COUNTY TREASURER  
PO BOX 1150

RED BLUFF, CA 96080

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 271,200.00

**Gross Claim \$271,200.00**

**Net Claim / Payment Amount \$271,200.00**

**YTD Amount: \$542,400.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

TRINITY CO TREASURER  
PO BOX 1297

WEAVERVILLE, CA 96093 1297

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 42,500.00

**Gross Claim \$42,500.00**

**Net Claim / Payment Amount \$42,500.00**

**YTD Amount: \$85,000.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA, CA 93291

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 1,954,000.00

**Gross Claim** **\$1,954,000.00**

**Net Claim / Payment Amount** **\$1,954,000.00**

**YTD Amount:** **\$3,908,000.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

TUOLUMNE COUNTY TREASURER  
2 SOUTH GREEN ST

SONORA, CA 95370

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 75,400.00

**Gross Claim \$75,400.00**

**Net Claim / Payment Amount \$75,400.00**

**YTD Amount: \$150,800.00**

For assistance, please call: Linda Brida at (916) 324-8605

Remittance Advice - EFT

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

**VENTURA COUNTY TREASURER**  
C/O WELLS FARGO BANK  
PO BOX 980307  
WEST SACRAMENTO, CA 95798 0307

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

**Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.**

**Fiscal Year: 2011**

**Collection Period:** 10/01/2011 **To** 12/31/2011

**Payment Calculations:**

2nd Quarter Allocation 2,055,000.00

**Gross Claim \$2,055,000.00**

**Net Claim / Payment Amount \$2,055,000.00**

**YTD Amount: \$4,110,000.00**

For assistance, please call: Linda Brida at (916) 324-8605

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100120A  
PAYMENT ISSUE DATE: 11/23/2011

YOLO COUNTY TREASURER  
PO BOX 1995

WOODLAND, CA 95695

Financial Activity

**Additional Description:**

Welfare and Institutions Code Sections 5892 (j)(4).

Mental Health Early Periodic Screening Diagnosis & Treatment Program AB100.

Fiscal Year: 2011

Collection Period: 10/01/2011 To 12/31/2011

Payment Calculations:

2nd Quarter Allocation 394,700.00

**Gross Claim \$394,700.00**

**Net Claim / Payment Amount \$394,700.00**

**YTD Amount: \$789,400.00**

For assistance, please call: Linda Brida at (916) 324-8605